

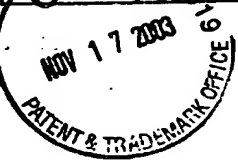
Appl. No. 09/577,386
Amdt. dated November 13, 2003
Reply to Office action of August 27, 2003

Amendments to the Drawings:

The attached drawings include 35 pages of new formal drawings.

Attachment: New Drawing Sheets.

APPROVED	O.G. FIG.
BY	CLASS
DRAFTSMAN	SUBCLASS



2/35

NETWORKX ADMINISTRATION 1.2.7.1 PORT=14400

FILE HELP

12c

ROLES	USERS	NETWORKS	EMPLOYERS	PROVIDERS	RATE SHEETS	CONTRACT CALCULATION	CODE GROUPS	CLIENTS	ROUTING RULES	MAILBOXES
-------	-------	----------	-----------	-----------	-------------	----------------------	-------------	---------	---------------	-----------

SEARCH

PROVIDER NAME:

PARTIAL TAX ID:

NETWORK:

PROVIDER ALIASES

PROVIDER ALIAS

TAX ID

ALIASES

ADDRESS

NETWORKS

NETWORK(RATE SHEET) EFF DATE TERM DATE

PROVIDERS

PROVIDER

TAX ID

PROVIDER ALIASES

PROVIDER ALIAS

TAX ID

NETWORKS

NETWORK(RATE SHEET) EFF DATE TERM DATE

START

INBOX-MICROS...

MICROSOFT WOR...

MICROSOFT OFFIC...

EXPLORED

EXPLORED

EXPLORED

EXPLORED

EXPLORED

EXPLORED

EXPLORED

EXPLORED

EXPLORED

EXPLORED

EXPLORED

EXPLORED

NETWORKX ADMINISTRATION 1.2.7.1 PORT=14400
FILE HELP

12d

RATE SHEET SEARCH!

RATES
 USERS
 NETWORKS
 EMPLOYERS
 PROVIDERS
 RATE
 SHEETS
 CONTRACT
 NETWORKS
 CALCULATION
 CATEGORIES
 CODE
 GROUPS
 CLIENTS
 ROUTING
 RULES
 MAILBOXES

RATE SHEET:
VALID:
THROUGH

ADD
 SHEET
 32a

CHANGE
 SHEET
 32b

DELETE
 SHEET
 32c

COPY
 SHEET
 32d

ADD
 ITEM
 32e

CHANGE
 ITEM
 32f

DELETE
 ITEM
 32g

COPY
 ITEM
 32h

START
 INBOX-MIL
 MICROSOFT...

UNTTLED-...

EXPLORING...

JRE
 NETWORK...

JRE
 MICROSOFT...

JRE
 MANUAL C...

11:07AM

FIG.3₁₀

FILE HELP

12c

ROLES

USERS

NETWORKS

EMPLOYERS

PROVIDERS

RATE SHEETS

CONTRACT NETWORKS

CALCULATION CATEGORIES

CODE GROUPS

CLIENTS

ROUTING RULES

MAILBOXES

CATEGORIES

CATEGORY DESCRIPTION
ALL CALCULATIONS
AMBULATORY SURGERY
BOARDER BABY CALCS
CASE RATES
COST CALCULATIONS
DISCOUNT CALCULATIONS
DRGS
MAXIMUM AMOUNTS
NON COVERED SERVICES
PER DIEMS
PERCENTAGES
REASONABLE & CUSTOMARY
SCHEDULES
STOP LOSS
UNIT CALCULATIONS

CALCULATIONS

CALCULATION DESCRIPTION
2 LEVEL PER DIEM
2 LEVEL PER DIEM, LTD BY PCT OF CHG
3 LV PER DIEM
4 LEVEL PER DIEM
PER DIEM
PER DIEM, EXCESS DAYS

ADD

CHANGE

DELETE

START

INBOX-MICROS...

MICROSOFT WOR...

UNTITLED-WES...

EXPLORING-REP...

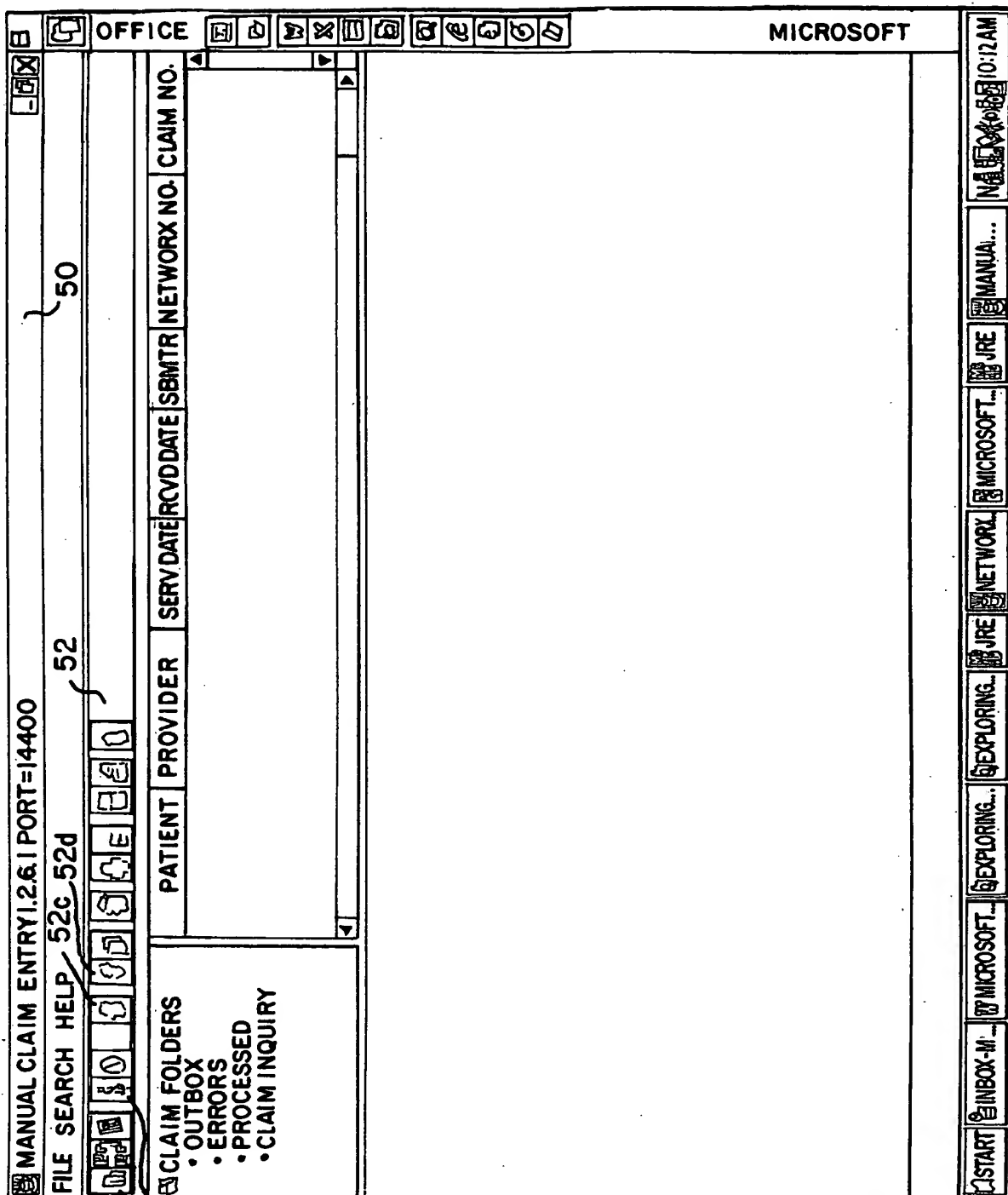
JRE

NETWORK A...

MICROSOFT OFFIC...

NA 11:03 AM

5/35



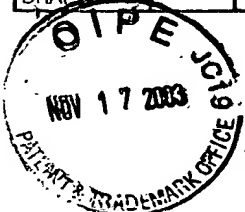


FIG. 6a

6/35

MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400										[X] [X]	
FILE SEARCH HELP											
<div> <input type="checkbox"/> CLAIM FOLDERS <ul style="list-style-type: none"> OUTBOX ERRORS PROCESSED CLAIM INQUIRY </div> <div> PATIENT PROVIDER SERV DATE RCVD DATE SBMTR NETWORK NO CLAIM NO. 5 </div>											
RECEIVED <input type="text"/> CLAIM NO. <input type="text"/> 60											
1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP FECA OTHER 12. INSURED'S I.D. NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>											
2. PATIENT'S NAME (LAST, FIRST, MI)				3. PATIENT'S BIRTHDATE		SEX		4. INSURED'S NAME (LAST, FIRST, MI)			
<input type="text"/>				<input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/>		<input type="text"/>			
5. PATIENT'S ADDRESS				6. PATIENT RELATIONSHIP TO INSURED				7. INSURED'S ADDRESS			
<input type="text"/>				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>				<input type="text"/>			
<input type="text"/>				8. PATIENT STATUS				<input type="text"/>			
ZIP CODE		TELEPHONE		SINGLE MARRIED OTHER		ZIP CODE		TELEPHONE			
<input type="text"/>		<input type="text"/>		EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> STUDENT <input type="checkbox"/>		<input type="text"/>		<input type="text"/>			
9. OTHER INSURED'S NAME (LAST, FIRST, MI)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY OR GROUP NUMBER			
<input type="text"/>				<input type="checkbox"/>				<input type="text"/>			
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (CURRENT OR PREVIOUS)				a. BIRTHDATE SEX			
<input type="text"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="text"/> M <input type="checkbox"/> F <input type="checkbox"/>			
b. BIRTHDATE		SEX		b. AUTO ACCIDENT		PLACE (STATE)		b. EMPLOYER'S NAME OR SCHOOL NAME			
<input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>		<input type="text"/>			
c. EMPLOYER'S NAME OR SCHOOL NAME				c. OTHER ACCIDENT?				c. INSURANCE PLAN NAME OR PROGRAM NAME			
<input type="text"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="text"/>			
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. RESERVED FOR LOCAL USE				d. IS THERE ANOTHER HEALTH BENEFIT PLAN?			
<input type="text"/>				<input type="checkbox"/>				<input type="checkbox"/>			
<div> <input type="checkbox"/> START <input type="checkbox"/> INBOX-M <input type="checkbox"/> MICROSOFT <input type="checkbox"/> UNTITLED- <input type="checkbox"/> EXPLORING <input type="checkbox"/> JRE <input type="checkbox"/> NETWORK <input type="checkbox"/> MICROSOFT <input type="checkbox"/> JRE <input type="checkbox"/> MANUA... <input type="checkbox"/> NETWORK 10:12 AM </div>											

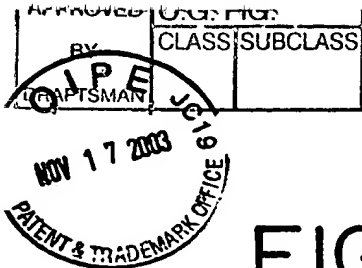


FIG. 6b

7/35

MANUAL CLAIM ENTRY 1.2.7.1 PORT=14400										[X]	
FILE SEARCH HELP											
[Icons]											
CLAIM FOLDERS		PATIENT PROVIDER SERV DATE RCVD DATE SBMTR NETWORK NO. CLAIM NO. ST									
- OUTBOX											
- ERRORS											
- PROCESSED											
- CLAIM INQUIRY											
60											
12. PATIENT OR AUTHORIZED PERSONS SIGNATURE				PATIENT SIGNATURE DATE				13. INSURED OR AUTHORIZED PERSONS SIGNATURE			
14. DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)				15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE				16. DATES PATIENT UNABLE TO WORK			
17. NAME OF REFERRING PHYSICIAN OR SOURCE				17a. ID NUMBER OF REFERRING PHYSICIAN				18. HOSPITALIZATION DATES RELATED TO SERVICES			
19. RESERVED FOR LOCAL USE				20. OUTSIDE LAB? \$CHARGES				21. MEDICAID RESUBMISSION CODE			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATED ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)				22. MEDICAID ORIGINAL REF. NO.				23. PRIOR AUTHORIZED NUMBER			
1. 2. 3. 4.											
24. A B C D E F G H I J K											
DATES OF SERVICE FROM TO CPT/ MODIFIER POSTOS HCPCS DIAGNOSI UNITS DAYS RESERVED EMG FOR LOCAL ANESTHESIA COB USE HRS. MNS. COST											
[Table with 12 columns for service details]											
25. FEDERAL TAX I.D. NUMBER SSN EIN ACCOUNT NO. 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGES 29. AMOUNT PAID 30. BALANCE DUE											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED 33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE AND PHONE NUMBER											
[Taskbar: START, INBOX-M, MICROSOFT, UNTITLED-, EXPLORING, JRE, NETWORK, MICROSOFT, JRE, MANUAL..., 11:05AM]											

8/35

MANUAL CLAIM ENTRY1.2.71 PORT=14400

FILE SEARCH HELP

CLAIM FOLDERS

OUTBOX

ERRORS

PROCESSED

CLAIM INQUIRY

PATIENT

PROVIDER

SERV DATE

RCV DATE

SBMTR

NETWORK NO.

CLAIM NO.

51

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATED ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE

22. MEDICAID RESUBMISSION CODE

23. PRIOR AUTHORIZED NUMBER

24. A B C D E F G H I J K DATES OF SERVICE FROM TO CPT/ MODIFIER POSTOS HCPCS) DIAGNOSI DAYS UNITS EMG FOR LOCAL ANESTHESIA RESERVED COB USE HRS. MNS. COST

25. FEDERAL TAX I.D. NUMBER

26. PATIENTS SSN EIN ACCOUNT NO.

27. ACCEPT ASSIGNMENT?

28. TOTAL CHARGES

29. AMOUNT PAID

30. BALANCE DUE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED

33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE AND PHONE NUMBER

SIGNED

DATE

PIN#

GRP#

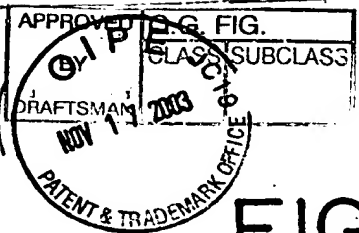


FIG. 7

9/35

MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400

FILE SEARCH HELP

OUTBOX

ERRORS

PROCESSED

ALL

COMPLETED CLAIMS

COST EXCESS DAYS MANUAL

PATIENT	PROVIDER	SERV DATE	RCVD DATE	SBMTR	NETWORK NO.	CLAIM NO.
SUBYMLRVSPT2, EV	ST. MICHAEL HEALTH CARE CENTER	2000-01-09	2000-02-29			
SUBYMLRVSPT3, EV	ST. MICHAEL HEALTH CARE CENTER	2000-01-09	2000-02-29			
SUBYMLRVSPT3, EV	ST. MICHAEL HEALTH CARE CENTER	2000-01-09	2000-02-29			
VARIABLE PER DEM, EV	HARDY MEDICAL CENTER	2000-01-09	2000-02-29	DRVALC		

RECEIVED 02/29/2000 CLAIM NO.

MEDICAL CENTER

1305

CROWLEY

LA

70526

76a

76b

2

76c

76e

76f

76d

76g

DEB

76h

76i

76j

76k

76l

76m

76n

76o

76p

76q

76r

76s

76t

76u

76v

76w

76x

76y

76z

3. PATIENT CONTROL NUMBER

4. TYPE OF BILL

5. FED. TAX NO.

6. STATEMENT COVERS PERIOD FROM THROUGH

7. COVD8N-CD9G-IDIQ-LR-DII

71

12. PATIENT NAME LAST FIRST MI STREET CITY STATE ZIP CODE

14. BIRTH DATE

15. SEX

16. MS

17. DATE

18. HR

19. TYPE

20. SRC

21. CH

22. STAT

23. MEDICAL RECORD NO

24. 25. 26. 27. 28. 29. 30. 31.

32. OCCURRENCE CODE DATE

33. OCCURRENCE CODE DATE

34. OCCURRENCE CODE DATE

35. OCCURRENCE CODE DATE

36. OCCURRENCE CODE

37. OCCURRENCE SPAN FROM THROUGH

38. LAST FIRST MI

39. VALUE CODES CODE AMOUNT

40. VALUE CODES CODE AMOUNT

41. VALUE CODES CODE AMOUNT

42. REV CODE

43. DESCRIPTION

44. HCPCS/RATES

45. SERV. DATE

46. SERV. UNITS

47. TOTAL CHARGES

48. NON-COVERED

49. COST

72a

72b

72c

72d

74a

74b

74c

74d

REV CODE	DESCRIPTION	HCPCS/RATES	SERV. DATE	SERV. UNITS	TOTAL CHARGES	NON-COVERED	COST
120	ROOM-BOARD/SIM			4	\$4,000.00		
350	CORONARY CARE OR C			1	\$6,000.00		
250	PHARMACY				\$10,000.00		
001	TOTAL CHARGES				\$20,000.00		

START

END

THE

QDEL

QVSE

QRE

QPR

QPR

QRE

QNET

QRE

QML

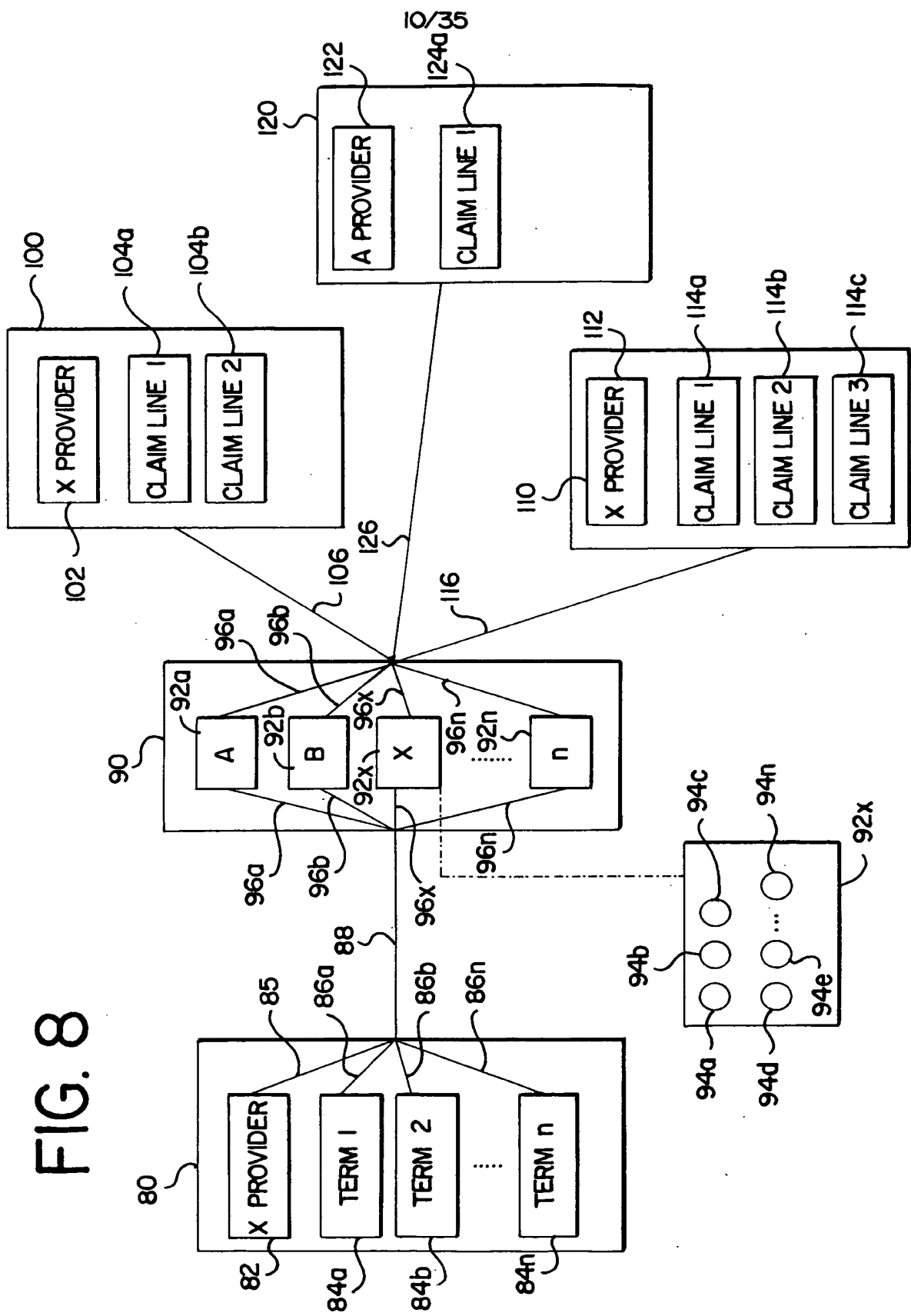
NA

OK

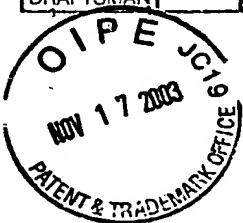
4:04 PM

OFFICE MICROSOFT

FIG. 8



APPROVED	U.G. FIG.	
BY	CLASS	SUBCLASS
DRAFTSMAN		



11/35

FIG.9

140

PROVIDER CONTRACT

MEDICAL CENTER 11-9999999

EFFECTIVE 04/01/1999

HOSPITAL AGREES TO PROVIDER COVERED HOSPITAL SERVICES ON THE PAYMENT TERMS SET FORTH BELOW.

HOSPITAL AGGREGES TO PROVIDE ALL COVERED INPATIENT AND OUTPATIENT SERVICES ACCORDING TO THE FOLLOWING ALL INCLUSIVE PER DIEM AND DISCOUNT ARRANGEMENTS:

\$750.00 MEDICAL PER DIEM
\$950.00 SURGICAL PER DIEM

NORMAL DELIVERY (MOTHER & BABY)
\$1,400.00 1-2 DAY STAY CASE RATE
\$450.00 EACH ADDITIONAL DAY

CESAREAN SECTION (MOTHER & BABY)
\$2,800.00 1-2 DAY STAY CASE RATE
\$500.00 EACH ADDITIONAL DAY

ALL OTHER COVERED IMPATIENT SERVICES: 15% DISCOUNT FROM BILLED CHARGES
OUTPATIENT SERVICES: 15% DISCOUNT FROM BILLED CHARGES

STOP LOSS: FOR ANY CASE IN WHICH CHARGES EXCEED \$20,000.00, HOSPITAL WILL BE PAID 85% OF BILLED CHARGES.

FIG. 10a

FIG.10b

FILE

CREATE RATE SHEET

15

NETWORK ADMINISTRATION 1.2.7.1 PORT=14400

ROUTING RULES

MAILBOXES

RATE SHEET SEARCH

RATE SHEET CODE:
RATE SHEET DESCRIPTION:
IS THIS A SUB RATE SHEET?: ☐

EFFECTIVE DATE: 05/02/2000
TERMINATION DATE: 12/31/9999

AVAILABLE SECTIONS

EXCLUSION
INPATIENT SERVICES
OUTPATIENT EXCLUSION
OUTPATIENT CASE RATE
OUTPATIENT STOP LOSS
PROFESSIONAL/OTHER SERVICES
OUTPATIENT PER DIEM

SELECTED SECTIONS

PER DIEM
CASE RATE
OUTPATIENT SERVICES
STOP LOSS

158b

OK CANCEL

ADD CHANGE DELETE COPY
SHEET SHEET SHEET ITEM

ADD CHANGE DELETE COPY
ITEM ITEM ITEM

ADD CHANGE DELETE COPY
ITEM ITEM ITEM

START INBOX-ML MICROSOFT... BUNTITLED... EXPLORING JRE NETWORK MICROSOFT... JRE MANUAL C... 11:00 AM

APPROVED TO G. FIG.
CLASS SUBCLASS
DRAFTSMAN
NOV. 17 2003
PATENT & TRADEMARK OFFICE 613

FIG. 11

FILE HELP

ROLES

USERS

NETWORKS

EMPLOYERS

PROVIDERS

RATE SHEETS

CONTRACT NETWORKS

CALCULATION CATEGORIES

CODE GROUPS

CLIENTS

ROUTING RULES

MAILBOXES

162

RATE SHEET: HMC

VALID: 04-01-1999 THROUGH 12-31-9999

RATE SHEET SEARCH

168

HMC- MEDICAL CENTER

1. PER DIEM

2. CASE RATE

3. OUTPATIENT SERVICES

4. STOP LOSS

FOOTNOTES

1. THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.

2. THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.

3. THIS CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP.

4. WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.

5. WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.

6. WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.

7. PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIMLINE IF IT QUALIFIES UNDER THESE TERMS.

ADD SHEET

CHANGE SHEET

DELETE SHEET

COPY SHEET

ADD ITEM

CHANGE ITEM

DELETE ITEM

COPY ITEM

166

164

152e

START

INBOX-HL

MICROSOFT

UNTITLED

EXPLORING

JRE

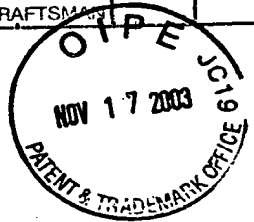
NETWORK

MICROSOFT

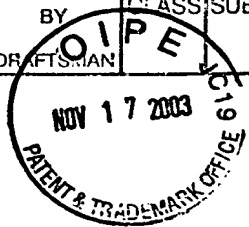
JRE

MANUAL C

INOTAM



APPROVED	O.G. FIG.
BY	CLASS SUBCLASS
DRAFTSMAN	



16/35

FIG.12a

QUALIFICATIONS

☒ CODE VALUES ☐ CODE GROUPING

CODE TYPES: DRG CODE(S) ▼

VALUE RANGE: 103 TO 109

175a

175b

FIG.12b

QUALIFICATIONS

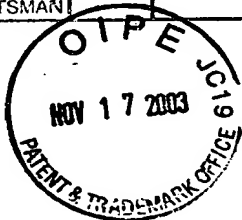
☐ CODE VALUES ☒ CODE GROUPING

CODE TYPES: -SELECT CODE TYPE-- ▼

CODE GROUPS: -SELECT CODE GROUP-- ▼

AICD (ACID?)
ALC SCHEDULE CODE VALUES
ALCOHOL & DRUG
ALCOHOL & DRUG DAY PROGRAM?
AMBULATORY SURGERY
ASFGD
BLOOD FACTOR 8 AND 9
C-SECTION

177



17/35

FIG. 13a

RATE SHEET TERMS

DESCRIPTION

☐ HEADING

DESCRIPTION: 182a

EFFECTIVE DATES: 182b 182c

04/01/1997 05/31/1999

QUALIFICATIONS

☐ CODE VALUES 184a ☐ CODE GROUPING 184c

CODE TYPES: REVENUE CODE(S) 184b

CODE GROUPS: PER DIEM-MEDICAL 184b

CALCULATIONS

☒ CALCULATIONS ☐ ACTIONS ☐ SURRATE SHEETS

CALCULATION CATEGORIES

- ☐ ALL CALCULATIONS
- ☐ CASE RATES
- ☐ COST CALCULATIONS
- ☐ DISCOUNT CALCULATIONS
- ☐ DRGS
- ☐ MAXIMUM AMOUNTS
- ☐ NON-COVERED SERVICES
- ☐ PER DIEMS
- ☐ 2 LEVEL PER DIEM
- ☐ PER DIEM

☐ COMPLETE

PER DIEM

PRICING IS 188a \$350.00 PER DIEM

THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY

OK CANCEL 190

NOV 17 2003
PATENT & TRADEMARK OFFICE 6125

18/35

FIG. 13b

198

194

☒ RATE SHEET TERMS

DESCRIPTION: ☐ HEADING ☒ SURGICAL

EFFECTIVE DATES: 04/01/1997 12/31/9999

QUALIFICATIONS:

☐ CODE VALUES ☒ CODE GROUPING 192a

CODE TYPES: REVENUE CODE(S) 192b

CODE GROUPS: PER DIEM/MEDICAL 192b

CALCULATIONS: ☒ CALCULATIONS ☐ ACTIONS ☐ SUBRATE SHEETS

☒ ALL CALCULATIONS

- ☐ 2 LEVEL PER DIEM
- ☐ 2 LEVEL PER DIEM, LTD BY PCT OF CHG
- ☐ 2 LEVEL SERVICES
- ☐ 2 LV CASE + EXCESS PCT, LTD BY CHG
- ☐ 2 LV CASE + PD, LTD BY CHG
- ☐ 2 LV CASE, LTD BY CHG
- ☐ 3 LV CASE + PD, LTD BY CHG
- ☐ 3 LV CASE, LTD BY CHG
- ☐ 3 LV PER DIEM

☐ COMPLETE

PER DIEM PRICING IS \$950.00 PER DIEM 192c

THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY. 192d

OK CANCEL

56

NETWORK ADMINISTRATION 1.2.7.1 PORT=14400										
FILE HELP										
ROLES	USERS	NETWORKS	EMPLOYERS	PROVIDERS	RATE SHEETS	CONTRACT NETWORKS	CALCULATION CATEGORIES	CODE GROUPS	CLIENTS RULES	ROUTING MAILBOXES

RATE SHEET: HMC	VALID: 04-01-1999 THROUGH 12-31-9999	RATE SHEET SEARCH
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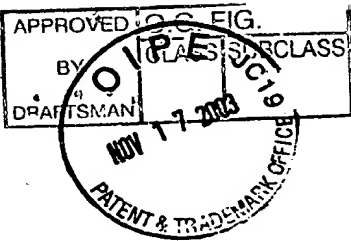
HMC - HARDY MEDICAL CENTER <input checked="" type="radio"/> PER DIEM <input type="radio"/> CASE RATE <input type="radio"/> OUTPATIENT SERVICES <input type="radio"/> STOP LOSS <input type="radio"/> FOOTNOTES	<p>1. PER DIEM</p> <p>1.1 MEDICAL CODE GROUP - PER DIEM - MEDICAL. PRICING IS \$750.00 PER DIEM. -2.6</p> <p>1.2 SURGICAL CODE GROUP - PER DIEM - SURGICAL. PRICING IS \$950.00 PER DIEM. -2.6</p> <p>2. CASE RATE</p> <p>3. OUTPATIENT SERVICES</p> <p>4. STOP LOSS</p> <p>FOOTNOTES</p> <p>1-THE CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.</p> <p>2-THE CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.</p> <p>3-THE CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP.</p> <p>4-WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.</p> <p>5-WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.</p> <p>6-WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.</p> <p>7-PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIMLINE IF IT QUALIFIES UNDER THESE TERMS.</p>
---	---

ADD SHEET	CHANGE SHEET	DELETE SHEET	COPY SHEET	ADD ITEM	CHANGE ITEM	DELETE ITEM	COPY ITEM

FIG. 13C

FIG. 14

RATE SHEET TERMS	
<p>DESCRIPTION</p> <p><input type="checkbox"/> HEADINGS</p> <p>DESCRIPTION: NORMAL DELIVERY (MOM & BABY)</p> <p>EFFECTIVE DATES: 04/01/1997 12/31/9999</p>	<p>CALCULATIONS</p> <p><input checked="" type="radio"/> CALCULATIONS <input type="radio"/> ACTIONS <input type="radio"/> SUBRATE SHEETS</p> <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> ALL CALCULATIONS <input type="checkbox"/> 2 LEVEL PER DIEM <input type="checkbox"/> 2 LEVEL PER DIEM, LTD BY PCT OF CHG <input type="checkbox"/> 2 LEVEL SERVICES <input type="checkbox"/> 2 LV CASE + EXCESS PCT, LTD BY CHG <input type="checkbox"/> 2 LV CASE + PD, LTD BY CHG <input type="checkbox"/> 2 LV CASE, LTD BY CHG <input type="checkbox"/> 3 LV CASE + PD, LTD BY CHG <input type="checkbox"/> 3 LV CASE, LTD BY CHG <input type="checkbox"/> 3 LV PER DIEM </div> <p><input type="checkbox"/> COMPLETE</p>
<p>QUALIFICATIONS</p> <p><input type="radio"/> CODE VALUES <input checked="" type="radio"/> CODE GROUPING</p> <p>CODE TYPES: ICD-9 PROCEDURE CODE(S) ▼</p> <p>CODE GROUPS: NORMAL DELIVERY ▼</p>	<p style="text-align: right;">197b</p>
<p>CASE RATE PLUS PER DIEM, LIMITED BY CHARGE, 197a</p> <p>PRICING IS A CASE RATE OF \$1,400.00 FOR UP TO 2 DAYS AND \$450.00 PER DIEM FOR EACH ADDITIONAL DAY.</p> <p>LIMIT THE ALLOWED TO THE COMBINED CHARGES. ▼ 197d</p>	
<p>THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY. ▼</p>	
<div style="display: flex; justify-content: space-around; width: 100%;"> OK CANCEL </div>	



21/35

FIG.15

RATE SHEET TERMS

☐ **DESCRIPTION**

☐ **HEADING**

☐ **C-SECTION (MOM & BABY)**

☐ **EFFECTIVE DATES:** 04/01/1997 12/31/9999

☐ **QUALIFICATIONS**

☐ **CODE VALUES** ☒ **CODE GROUPING**

☐ **CODE TYPES:** ICD-9 PROCEDURE CODE(S)

☐ **CODE GROUPS:** C-SECTION

CALCULATIONS

☒ **CALCULATIONS** ☐ **ACTIONS** ☐ **SUBRATE SHEETS**

☒ **ALL CALCULATIONS**

☐ 2 LEVEL PER DIEM

☐ 2 LEVEL PER DIEM, LTD BY PCT OF CHG

☐ 2 LEVEL SERVICES

☐ 2 LV CASE + EXCESS PCT, LTD BY CHG

☐ 2 LV CASE + PD, LTD BY CHG

☐ 2 LV CASE, LTD BY CHG

☐ 3 LV CASE + PD, LTD BY CHG

☐ 3 LV CASE, LTD BY CHG

☐ 3 LV PER DIEM

☐ **COMPLETE**

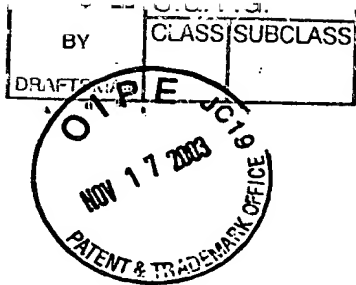
CASE RATE PLUS PER DIEM, LIMITED BY CHARGE

PRICING IS A CASE RATE OF \$2,800.00 FOR UP TO 2 DAYS AND \$500.00 PER DIEM FOR EACH ADDITIONAL DAY.

LIMIT THE ALLOWED TO THE COMBINED CHARGES.

THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.

FIG.16



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☒ RATE SHEET TERMS

DESCRIPTION ☐ HEADING ☐ SUBRATE SHEETS

DESCRIPTION: ALL OTHER INPATIENT SERVICES

EFFECTIVE DATES: 04/01/1997 12/31/9999

QUALIFICATIONS ☐ CODE VALUES ☐ CODE GROUPING

CODE TYPES: ALL REMAINING CODES

CALCULATIONS ☐ CALCULATIONS ☐ ACTIONS ☐ SUBRATE SHEETS

☒ CALCULATION CATEGORIES

☐ ALL CALCULATIONS

☐ CASE RATES

☐ COST CALCULATIONS

☒ DISCOUNT CALCULATIONS

☐ DISCOUNT PCT

☐ DISCOUNT PCT W/ THRESHOLD

☐ PROVIDER DISCOUNT PCT

☐ DRGS

☐ MAXIMUM AMOUNTS

☐ NON-COVERED SERVICES

☐ COMPLETE

DISCOUNT PERCENT

PRICING IS AT 15% DISCOUNT OF THE CHARGE

THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY

OK CANCEL

FIG.17

☒ RATE SHEET TERMS

DESCRIPTION: ☐ HEADING ☐ ALL OTHER INPATIENT SERVICES

EFFECTIVE DATES: 04/01/1997 12/31/9999

QUALIFICATIONS: ☒ CODE VALUES ☐ CODE GROUPING

CODE TYPES: ALL OTHER OUTPATIENT SERVICES

CALCULATIONS: ☒ CALCULATIONS ☐ ACTIONS ☐ SUBRATE SHEETS

CALCULATION CATEGORIES: ☒ ALL CALCULATIONS ☐ CASE RATES ☐ COST CALCULATIONS ☐ DISCOUNT CALCULATIONS

DISCOUNT PCT: ☐ DISCOUNT PCT W/ THRESHOLD ☐ PROVIDER DISCOUNT PCT

DRGS: ☐ DRGS ☐ MAXIMUM AMOUNTS ☐ NON-COVERED SERVICES

☐ COMPLETE

DISCOUNT PERCENT: PRICING IS A 15% DISCOUNT OF THE CHARGE.

THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM. THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.

OK CANCEL

F/G/8

RATE SHEET TERMS	
<p>DESCRIPTION</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input type="checkbox"/> HEADING</div> <p>DESCRIPTION:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>EFFECTIVE DATES:</p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 40%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40%; height: 20px; margin-bottom: 5px;"></div> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>CALCULATIONS</p> <div style="display: flex; justify-content: space-around; font-size: small;"> <input checked="" type="radio"/> CALCULATIONS <input type="radio"/> ACTIONS <input type="radio"/> SUBRATE SHEETS </div> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>ALL CALCULATIONS</p> <ul style="list-style-type: none"> <input type="radio"/> 2 LEVEL PER DIEM <input type="radio"/> 2 LEVEL PER DIEM, LTD BY PCT OF CHG <input type="radio"/> 2 LEVEL SERVICES <input type="radio"/> 2 LV CASE + EXCESS PCT, LTD BY CHG <input type="radio"/> 2 LV CASE + PD, LTD BY CHG <input type="radio"/> 2 LV CASE, LTD BY CHG <input type="radio"/> 3 LV CASE + PD, LTD BY CHG <input type="radio"/> 3 LV CASE, LTD BY CHG <input type="radio"/> 3 LV PER DIEM </div> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> COMPLETE </div> </div> <div style="border: 1px solid black; padding: 5px;"> <p>QUALIFICATIONS</p> <div style="display: flex; justify-content: space-around; font-size: small;"> <input checked="" type="radio"/> CODE VALUES <input type="radio"/> CODE GROUPING </div> <p>CODE TYPES:</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div>
<p>STOP LOSS</p> <p>IF THE TOTAL CHARGE EXCEEDS \$20,000.00, PRICING IS RECALCULATED TO BE .85% OF THE TOTAL CHARGE.</p> <p>THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; padding: 5px 20px;">OK</div> <div style="border: 1px solid black; padding: 5px 20px;">CANCEL</div> </div>	

NETWORKX ADMINISTRATION 1.2.6 | PORT=21000

FILE HELP

ROLESUSERSNETWORKSEMPLOYERSPROVIDERSRATE SHEETSCONTRACT NETWORKSCALCULATION CATEGORIESCODE GROUPSCLIENTSROUTING RULESMAILBOXES

RATE SHEET:DJWHMC VALID:04-01-1999 THROUGH 12-31-9999

RATE SHEET SEARCH

DJWHMC-HARDY MEDICAL CENTER

- PER DIEM
- CASE RATE
- OUTPATIENT SERVICES
- STOP LOSS
- FOOTNOTES

1. PER DIEM

200

1.1 MEDICAL

CODE GROUP-PER DIEM-MEDICAL. PRICING IS \$750.00 PER DIEM -2,6

1.2 SURGICAL

CODE GROUP-PER DIEM SURGICAL. PRICING IS \$950.00 PER DIEM. -2,6

2. CASE RATE

2.1 NORMAL DELIVERY

CODE GROUP-NORMAL DELIVERY. PRICING IS A CASE RATE OF \$1,400.00 FOR UP TO 2 DAYS AND \$450.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.2 CAESAREAN SECTION

CODE GROUP-C-SECTION. PRICING IS A CASE RATE OF \$2,800.00 FOR UP TO 2 DAYS AND \$500.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.3 WELL BABY

CODE GROUP-WELL BABY-COMPLEX. PRICING IS 0% OF THE CHARGE. -1,6

3. OUTPATIENT SERVICES

3.1 ALL SERVICES

ALL SERVICES. PRICING IS A 15% DISCOUNT OF THE CHARGE. -1,6

4. STOP LOSS

4.1 WELL BABY

CODE GROUP-WELL BABY-COMPLEX. NO PRICING APPLIES. -1,4,7

4.2 STOP LOSS

ALL SERVICES. IF THE TOTAL CHARGE EXCEEDS \$20,000.00, PRICING IS RECALCULATED TO BE 85% OF THE TOTAL CHARGE. -1,6

FOOTNOTES

ADD SHEET

CHANGE SHEET

DELETE SHEET

COPY SHEET

ADD ITEM

CHANGE ITEM

DELETE ITEM

COPY ITEM

START

INBOX-MICROS...

MICROSOFT EXC...

FW:ALC-ME...

EXPLORING-REP...

JRE

NETWORKX...

NA...

9:06AM

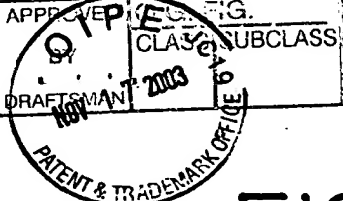


FIG.19b

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NETWORK ADMINISTRATION 1.2.6.1 PORT=21000

FILE HELP

ROLES

USERS

NETWORKS

EMPLOYERS

PROVIDERS

RATE SHEETS

CONTRACT NETWORKS

CALCULATION CATEGORIES

CODE GROUPS

CLIENTS

ROUTING RULES

MAILBOXES

RATE SHEET:DJWHMC VALID:04-01-1999 THROUGH 12-31-9999

RATE SHEET SEARCH

DJWHMC-HARDY MEDICAL CENTER

☐ PER DIEM

☐ CASE RATE

☐ OUTPATIENT SERVICES

☐ STOP LOSS

☒ FOOTNOTES

2. CASE RATE

2.1 NORMAL DELIVERY
CODE GROUP-NORMAL DELIVERY. PRICING IS A CASE RATE OF \$1,400.00 FOR UP TO 2 DAYS AND \$450.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.2 CAESAREAN SECTION
CODE GROUP-C-SECTION. PRICING IS A CASE RATE OF \$2,800.00 FOR UP TO 2 DAYS AND \$500.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.3 WELL BABY
CODE GROUP-WELL BABY-COMPLEX. PRICING IS 0% OF THE CHARGE. -1,6

3. OUTPATIENT SERVICES

3.1 ALL SERVICES
ALL SERVICES. PRICING IS A 15% DISCOUNT OF THE CHARGE. -1,6

4. STOP LOSS

4.1 WELL BABY
CODE GROUP-WELL BABY-COMPLEX. NO PRICING APPLIES. -1,4,7

4.2 STOP LOSS
ALL SERVICES. IF THE TOTAL CHARGE EXCEEDS \$20,000.00, PRICING IS RECALCULATED TO BE 85% OF THE TOTAL CHARGE. -1,6

FOOTNOTES

1- THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.

2- THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.

3- THIS CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP

4- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.

5- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.

6- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.

7- PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIM/LINE IF IT QUALIFIES UNDER THESE TERMS.

ADD SHEET

CHANGE SHEET

DELETE SHEET

COPY SHEET

ADD ITEM

CHANGE ITEM

DELETE ITEM

COPY ITEM

START

INBOX-MICROS...

MICROSOFT EXC...

FW:ALC-ME...

EXPLORING-REP...

URE

NETWORK A...

MICROSOFT WOR...

NAU...

9:07AM

OFFICE
MICROSOFT

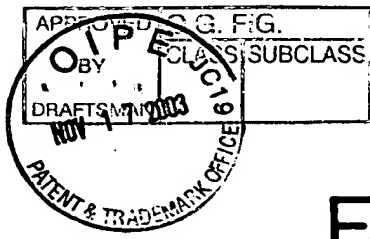


FIG.20

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COMPLETED RATE SHEET

MEDICAL CENTER

1. INPATIENT PER DIEM

1.1 MEDICAL

REVENUE CODES IN PER DIEM - MEDICAL. REPRICE AT \$750.00 PER DAY. -2,6

1.2 SURGICAL

REVENUE CODES AND CPT4 PROCEDURE CODES IN PER DIEM - SURGICAL.
REPRICE AT \$950.00 PER DAY. -2,6

2. INPATIENT CASE RATE

2.1 NORMAL DELIVERY 1-2 DAYS

ICD-9 PROCEDURE CODES IN NORMAL DELIVERY. REPRICE AT \$1,400.00 FOR
UP TO 2 DAYS. \$450.00 PER DEIM, THEREAFTER. -1,6

2.2 C-SECTION

ICD-9 PROCEDURE CODES IN C-SECTION. REPRICE AT \$2,800.00 FOR UP TO 2
DAYS. \$500.00 PER DIEM THEREAFTER. -1,6

3. INPATIENT SERVICES

3.1 ALL OTHER INPATIENT SERVICES

ALL REMAINING CODES. REPRICE AT 15% OF CHARGES. -2,6

4. OUTPATIENT SERVICES

4.1 ALL OTHER OUTPATIENT SERVICES

ALL REMAINING CODES. PREPRICE AT 15% OF CHARGES. -2,6

5. STOP LOSS

5.1 STOP LOSS

ALL REMAINING CODES. IF REPRICED AMOUNT EXCEEDS \$20,000.00 THE
CLAIM WILL BE REPRICED AT 85% OF CHARGES. -1,6

FOOTNOTES

- 1- THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.
- 2- THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.
- 3- THIS CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP.
- 4- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.
- 5- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.
- 6- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.
- 7- PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIM/LINE IF IT QUALIFIES UNDER THESE TERMS.

FIG. 21

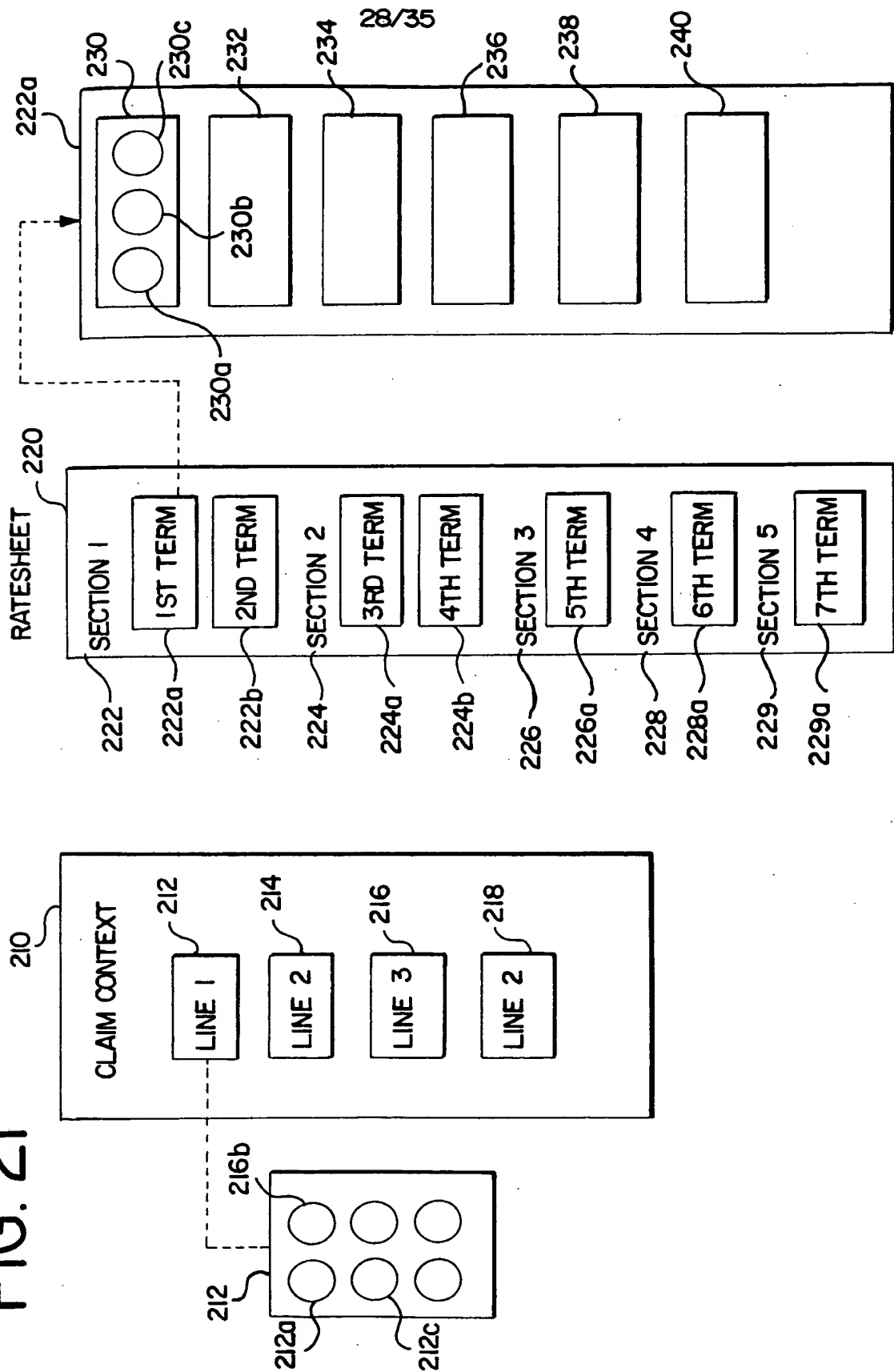


FIG. 22

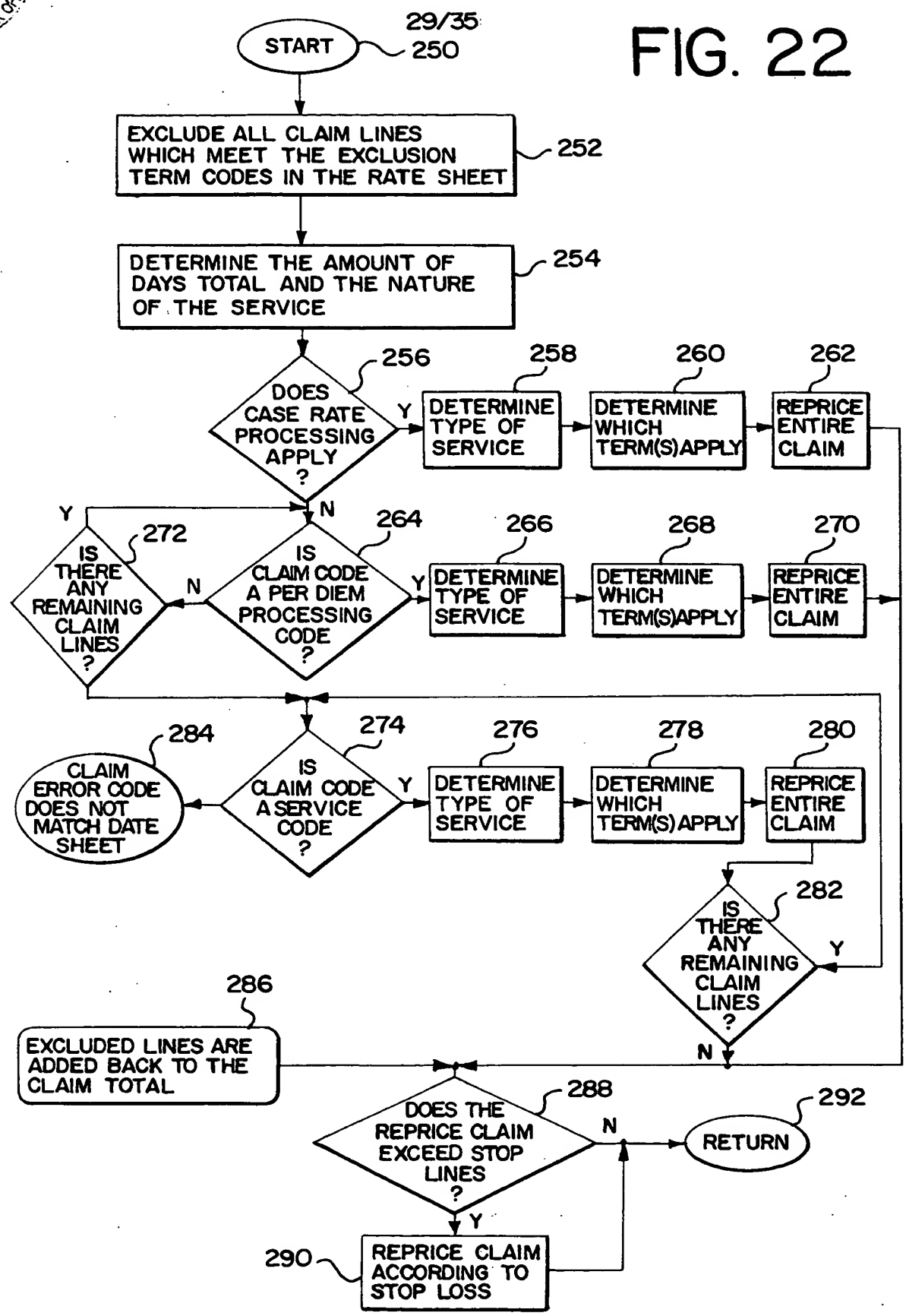
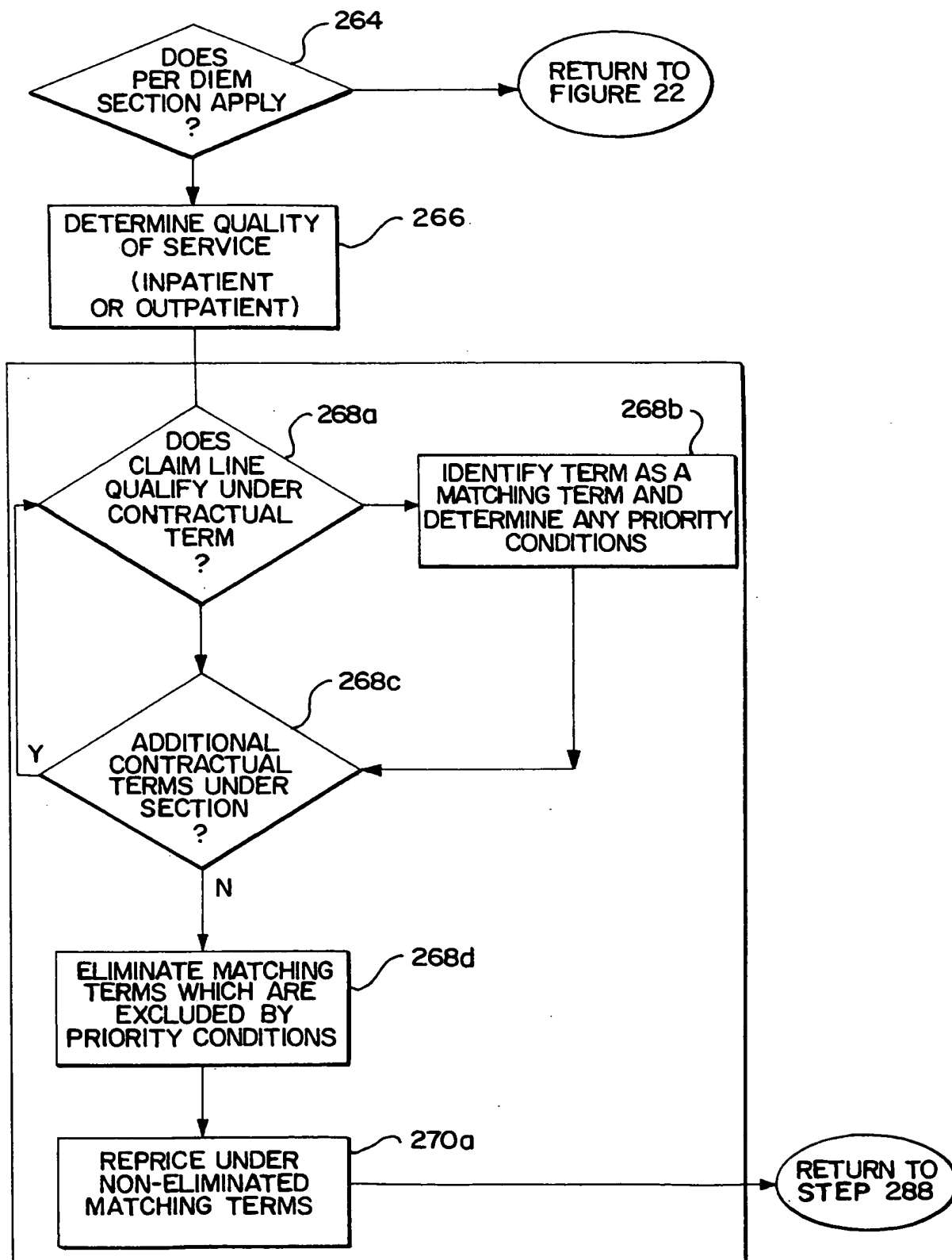


FIG. 23



MICROSOFT

FIG.25a

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MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400

FILE SEARCH HELP

OUTBOX
ERRORS
PROCESSED
ALL

PATIENT	PROVIDER	SERV DATE	RCVD DATE	SBMTR	NETWORK NO.	CLAIM NO.
DAVE, EXAMPLES	DAVE E. WILLIAMS M.D.	1999-07-12	1999-12-28	DEM	1003220RHJNO	
SLBYMAXLOSMAXDISCA, EV	ST MICHEAL HEALTH CARE CENTER	2000-01-09	2000-02-29	EMALC	100322BHWGNO	
FRESH SLMAXLOSMAXDISCA, ...	ST MICHEAL HEALTH CARE CENTER	2000-01-09	2000-03-22	EMALC	100322C2SLVP	

RECEIVED 02/29/2000 CLAIM NO.

HARDY MEDICAL CENTER
1305 CROWLEY RAYNE HIGHWAY
CROWLEY LA 70526
318-783-3222

3. PATIENT CONTROL NUMBER
4. TYPE OF BILL

6. STATEMENT TAX NO. FROM THROUGH
11-9999999

12. PATIENT NAME
LAST FIRST MI STREET CITY STATE CODE ZIP
NELSON DEB

14. BIRTH DATE 15. SEX 16. MS 17. DATE 18. HR 19. TYPE 20. SRC 21. CH 22. STAT 23. MEDICAL RECORD NO 24. 25. 26. 27. 28. 29. 30. 31. CONDITION CODES
06/15/1957

32. OCCURRENCE CODE DATE 33. OCCURRENCE CODE DATE 34. OCCURRENCE CODE DATE 35. OCCURRENCE CODE DATE 36. OCCURRENCE SPAN FROM THROUGH 37. A B C

38. LAST FIRST MI 39. VALUE CODES CODE AMOUNT 40. VALUE CODES CODE AMOUNT 41. VALUE CODES CODE AMOUNT

42. REV CODE 43. DESCRIPTION 44. HCPCS RATES 45. SERV. DATE 46. SERV. UNITS 47. TOTAL CHARGES 48. NON-COVERED 49. COST

REV CODE	DESCRIPTION	HCPCS RATES	SERV. DATE	SERV. UNITS	TOTAL CHARGES	NON-COVERED	COST
120	ROOM-BOARD/SIM			4	\$4,000.00		
350	CORONARY CARE OR C			1	\$6,000.00		
250	PHARMACY				\$10,000.00		
001	TOTAL CHARGES				\$20,000.00		

Microsoft
PM
4:04 PM

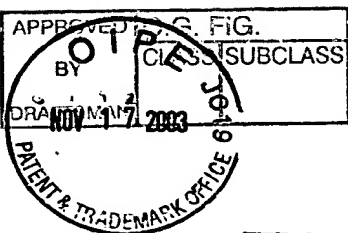


FIG. 25 b

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MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400										FILE SEARCH HELP	
OUTBOX ERRORS PROCESSED ALL											
PATIENT		PROVIDER		SERV DATE	RCVD DATE	SBMTR	NETWORK NO.	CLAIM NO.			
DAVE, EXAMPLE6		DAVE E. WILLIAMS M.D.		1999-07-12	1999-12-28	DEM	1003220RHJNO				
SLBYMAXLOSMAXDISCA, EV		ST MICHEAL HEALTH CARE CENTER		2000-01-09	2000-02-29	EMALC	100322BHW6NO				
FRESH SLMAXLOSMAXDISCA, ...		ST MICHEAL HEALTH CARE CENTER		2000-01-09	2000-03-22	EMALC	100322C2SLVP				
50. PAYER 51. PROVIDER NO. 52. REL 53. ASG 54. PAYMENTS 55. AMT DUE 56.											
UNICARE											
57. DUE FROM PATIENT											
INSURED'S CERT-SSN- INSURANCE											
58. NAME FIRST MI 59. PREL 60. HIC-ID NO. 61. GROUP NAME 62. GROUP NO.											
SLBYAVG EV 15 EMPLOYER ADVANTAGE 130085											
63. TREATMENT AUTHORIZATION CODES 64. ESC 65. NAME 66. STREET CITY ST ZIP CODE											
EMPLOYER ADVANTAGE 705 ILLINOIS, #7 JOPLIN MO 64801											
67. PRIN 68. 69. 70. 71. 72. 73. 74. 75. 76. ADM 77. 78.											
DIAG CODE CODE CODE CODE CODE CODE CODE CODE DIAG E-CODE											
760											
80. PRINCIPAL 81. OTHER 82. ATTENDING											
79. PC PROCEDURE PROCEDURE PROCEDURE PHYS ID											
CODE DATE CODE DATE CODE DATE											
72											
83. OTHER PHYS ID											
84. REMARKS											
85. PROVIDER REPRESENTATIVE 86. DATE											
NA											

MICROSOFT

REPRICING WORKSHEET						
PRINT		BACK				
		DATE	03/23/2000		PAGE	
		WORKSHEET NO	100323CWQXVN			
		PROCESSOR	DRNALC			
REPRICING WORKSHEET						
CLIENT/CARRIER: UNICARE LIFE & HEALTH MEMBER EV SLBYAVGDAILY1 INSURANCE COM						
AUSTIN PAYPOINT (228) MEMBER ID 15						
POST OFFICE BOX 833933 PATIENT DEB NELSON						
RICHARDSON, TX 75083 EMPLOYER EMPLOYER ADVANTAGE POLICY NO 130085						
PROVIDER OF SERVICE		HARDY MEDICAL CENTER		PATIENT NO		
TIN		11-9999999		DIAGNOSIS 780		
ADMISSION DATE		01/09/2000		PERIOD: TO		
REV CODE	DESCRIPTION	UNITS	CHARGE	NOT PRICED	DISCOUNT	NETWORK ALLOWABLE
120	MEDICAL	4	\$20,000.00	\$0.00	\$17,700.00	\$2,300.00
**TOTAL			\$20,000.00	\$0.00	\$17,700.00	\$2,300.00
THE ABOVE WAS REPRICED USING THE AMERICAN LIFECARE NEGOTIATED PRICING.						

OFFICE

MICROSOFT

START END TIME DATE FILE EDIT VIEW HELP ABOUT NEW OPEN SAVE PRINT CLOSE EXIT 4:10 PM

